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Reference Number: 100-12-DD
Title of Document: AIDS Policy
Date of Issue: November 1, 1987
Effective Date: November 1, 1987
Last Review Date: March 17, 2010 **REVIEWED**
Date of Last Revision: June 7, 2007 **Revised**
Applicability: DDSN Regional Centers, DSN Boards, Contracted Service Providers

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). HIV can be transmitted by intimate sexual contact via vaginal or rectal intercourse or possibly oral sex, parenteral spread (by needlestick or needle-sharing, as occurs among injecting drug abusers), by administration of infected blood or blood products, before or during birth from an infected mother to her newborn and by breast-feeding. HIV is transmitted primarily through blood, semen and vaginal secretions.

I. Persons Served by Regional Centers or Contracted Service Providers

A. Screening

HIV pre and post test counseling (consistent with the tested person's level of understanding) and other testing services may be provided to persons in the following categories:

1. Persons with Clinical Symptoms: Persons with symptoms suggestive of HIV infection/AIDS will be screened with the HIV antibody test.
2. Persons with No Clinical Symptoms but at High Risk for HIV/AIDS: Persons with one or more of the following behaviors should be considered at high risk for HIV/AIDS and may be HIV tested and re-tested as necessary:
 - (a) Males known to have had sex with another male one or more times since 1978.
 - (b) Persons with a history of past or present drug abuse.

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- (c) Persons with hemophilia who received clotting factor concentrates or individuals received a blood or blood product transfusion from 1978 through July 1985.
 - (d) Persons who have had sexual intercourse with multiple partners or with persons specified in "a,b,c."
 - (e) Persons who have engaged in sexual intercourse for drugs or money.
 - (f) Others as deemed appropriate by staff physicians.
3. Persons Requesting Testing: HIV-Testing and counseling will be performed at the request of the persons or their legal guardians.

B. Consent for Testing

- 1. HIV-testing of individuals must be preceded by specific informed consent and pretest counseling (with documentation by the physician in the medical record) of the person being tested or the person who is specifically identified as the legal guardian.
- 2. A clear and urgent medical reason as determined by the attending physician and documented in the individual's medical record creates an exception to obtaining informed consent.
- 3. After test results are obtained, post-test counseling will be given and documented in the medical record.

C. Provision of Services to Persons with HIV/AIDS Infection

- 1. There will be no discrimination regarding admission or provision of services to eligible persons with regard to their HIV status.
- 2. Persons with HIV/AIDS shall be medically evaluated, monitored and appropriately counseled as to their health status. Consultations with DHEC infectious disease consultants and/or private infectious disease consultants will be done as necessary.
- 3. Persons with HIV/AIDS shall be provided active treatment in the least restrictive setting. Most persons will be able to participate fully in regular program activities but may require special supervision in a mainstream setting to minimize risk of exposure to others. Persons with HIV /AIDS who are sexually active, have aggressive behavior or are prone to leave without permission may require one-on-one supervision or other practices as necessary to ensure proper monitoring. The Executive Director/Facility Administrator has the authority to make immediate adjustments in supervision based on need to protect other consumers, staff, or others from possible exposure to the virus.

4. Persons with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:
 - (a) The nature of their HIV/AIDS infection
 - (b) Methods of transmission of the disease
 - (c) Recommendations regarding abstinence, monogamy or “safer” sex practices in order to reduce the risk of transmission of HIV and other sexually transmitted diseases (STDs)
 - (d) Sound health-care principles
 - (e) Importance of avoiding drug use.
5. Persons with HIV/AIDS who have imminent (within 3 months) transfer and/or discharge plans shall receive the counseling and education as listed in #4 above immediately prior to discharge and should have appropriate social and medical referral to subsequent health-care providers.

D. Confidentiality

1. The results of HIV tests are confidential.
2. Confidential medical information including HIV test results may be shared only with those who have a need to know such information in order to provide safe care.
3. When a person is transferred to other facilities or providers their medical records, including HIV status and other related information, must be transferred in a sealed envelope marked “Confidential”.
4. Any breach of confidentiality will be subject to disciplinary action as outlined in 413-01-DD, “Standards of Disciplinary Action” at regional centers, and similar policies at community provider agencies.

E. Reporting

1. Facilities and providers shall comply with the South Carolina Department of Health and Environmental Control's requirements for reporting all cases of AIDS and HIV infection.

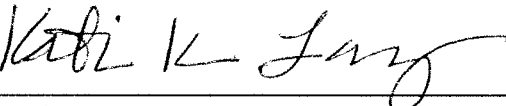
II. Employees

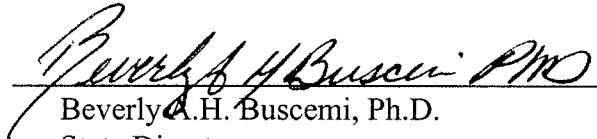
- A. HIV screening will not be required for employment
- B. Occupational exposure to blood/potentially infectious materials will be managed according to the “Policy for Management of Exposure to Potential Bloodborne Pathogens” (603-05-DD) at regional centers, and similar policies at community provider agencies.

- C. Employees with high risk behaviors, or those who desire screening should seek HIV testing from their own physicians or local health department.
- D. Employees who have HIV/AIDS
 - 1. There shall be no unlawful job discrimination or breach of confidentiality for job applicants or employees who disclose their HIV status.
 - 2. Diagnostic or therapeutic medical/dental intervention is not provided to any employee. They will be advised to contact their own physician for treatment.
 - 3. Employees with HIV infection (or Hepatitis B infection) routinely require no job modification or restriction unless they perform "exposure-prone invasive procedures" as defined by the CDC (MMWR of July 12, 1991) and implemented by federal and state law (ref: S.C. Code Ann. Sec 44-30-10, et seq. (Supp. 2002) and upon consultation with appropriate SCDHEC officials.
 - 4. Employees with HIV infection who perform "exposure-prone invasive procedures" must undergo a confidential review by an appropriately constituted and DHEC-approved "expert review panel" (ERP) as specified by the CDC (op. cit.) and state law (op. cit.). ERP recommendations must be considered legally binding requirements upon the affected health-care worker.
 - 5. Employees with HIV/AIDS who work in areas where aggressive persons reside may be re-assigned administratively to other areas with less aggressive persons.

III. Education

All employees and volunteers working greater than ten hours per week will receive pre-service training and refresher training as needed in HIV related issues.


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Associate State Director, Policy
(Originator)


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State Director
(Approved)

Cross-reference numbers: 413-01-DD; 603-05-DD

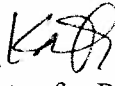
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TO: DDSN Regional Centers, DSN Boards, Contracted Service Providers

FROM: Kathi K. Lacy, Ph.D. 
Associate State Director for Policy

RE: Directive 100-12-DD

DATE: March 17, 2010

The below-mentioned Internal Communication System (ICS) directive was recently reviewed with no revisions.

Reference #	Directive Title	Status	Applicability
100-12-DD	AIDs Policy	Reviewed	DDSN Regional Centers, DSN Boards, Contracted Service Providers

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